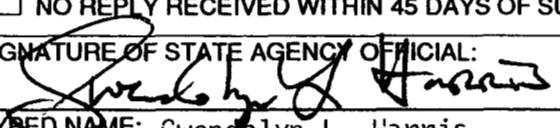



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <u>0 3 - 0 4</u>	2. STATE: New Jersey
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2003	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 U.S.C. 9902(2)		7. FEDERAL BUDGET IMPACT: a. FFY <u>2003</u> \$ <u>-0-</u> b. FFY <u>2004</u> \$ <u>-0-</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement to Attachment 2.6-A, pages 1, 3, and 5		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same	
10. SUBJECT OF AMENDMENT: 2003 Revisions to Eligibility Limits in accordance with the Federal Poverty Level			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Exempt, pursuant to 7.4 of the State Plan			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Division of Medical Assistance and Health Services P.O. Box 712, #26 Trenton, NJ 08625-0712	
13. TYPED NAME: Gwendolyn L. Harris			
14. TITLE: Commissioner			
15. DATE SUBMITTED:			

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED: Jan 22, 2003
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2003	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Sue Kelly	22. TITLE: Associate Regional Administrator Division of Medical and State Operations
23. REMARKS:	



STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
P.O. BOX 712
Trenton, NJ 08625-0712
Telephone 1-800-356-1561

JAMES E. MCGREEVEY
Governor

Gwendolyn L. Harris
Commissioner

Kathryn A. Plant
Director

March 28, 2003

Sue Kelly
Associate Regional Administrator
Division of Medicaid and State Operations
Centers for Medicare & Medicaid Services
Room 3800, 26 Federal Plaza
New York, NY 10278


Dear Ms. Kelly:

Enclosed is the New Jersey State Plan submittal 03-04-MA, with completed and signed copies of the HCFA-179.

Plan Amendment 03-04-MA concerns income eligibility standards based on the updated Federal poverty guidelines for 2003.

If there are any questions, please do not hesitate to call me at 609-588-2600.

Sincerely,


Kathryn A. Plant
Director
MAR 31 2003
HCFA-REGION II
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

KAP:Cc
Enclosures

c: David C. Heins
Jacob Eapen

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

INCOME ELIGIBILITY LEVELS

OFFICIAL

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

<u>Family Size</u>	<u>Need Standard</u>	<u>Payment Standard</u>	<u>Maximum Payment</u> <u>Amounts</u>
1	\$410	\$185	\$162
2	819	369	322
3	985	443	424
4	1,127	507	488
5	1,260	567	552
6	1,386	624	616
7	1,505	677	677
8	1,617	728	728
Each additional person:	\$112	\$50	\$50

2. Pregnant Women and Infants under Section 1902(a)(10)(i) (IV) of the Act:

Effective April 1, 1990, based on the following percent of the official Federal income poverty level.

☒ 133 percent ☐ _____ percent (no more than 185 percent
(specify)

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ <u>996</u>
<u>2</u>	\$ <u>1344</u>
<u>3</u>	\$ <u>1692</u>
<u>4</u>	\$ <u>2040</u>
<u>5</u>	\$ <u>2388</u>
<u>6</u>	\$ <u>2736</u>

Note: The optional 185% coverage was implemented on 7/1/91.

Note: NJ had a legislative impediment to implementation of 133% coverage of pregnant women and children. That expansion was subsequently implemented effective April 1, 1991.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

INCOME ELIGIBILITY LEVELS (Continued)

OFFICIAL

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOME RELATED TO FEDERAL POVERTY LEVELS

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902 (a) (1) (A) (ii) (IX) and 1902 (l) (2) of the Act are as follows:

Based on 185% percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent)

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ <u>1385</u>
<u>2</u>	\$ <u>1869</u>
<u>3</u>	\$ <u>2353</u>
<u>4</u>	\$ <u>2837</u>
<u>5</u>	\$ <u>3321</u>
<u>6</u>	\$ <u>3805</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

INCOME ELIGIBILITY LEVELS (Continued)

OFFICIAL

3. Aged, Blind and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902 (m) (4) of the Act are as follows:

Based on 100 percent of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ <u>749</u>
<u>2</u>	\$ <u>1010</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

INCOME ELIGIBILITY LEVELS

OFFICIAL

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

<u>Family Size</u>	<u>Need Standard</u>	<u>Payment Standard</u>	<u>Maximum Payment</u> <u>Amounts</u>
1	\$410	\$185	\$162
2	819	369	322
3	985	443	424
4	1,127	507	488
5	1,260	567	552
6	1,386	624	616
7	1,505	677	677
8	1,617	728	728
	[Add \$112.00 for each person	Add \$50.00 for each additional person	Add \$50.00 for each
	person]		
Each additional person:	\$112	\$50	\$50

2. Pregnant Women and Infants under Section 1902(a)(10)(i) (IV) of the Act:

Effective April 1, 1990, based on the following percent of the official Federal income poverty level.

☒ 133 percent ☐ _____ percent (no more than 185 percent
(specify)

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ <u>[982]</u> 996
<u>2</u>	\$ <u>[1324]</u> 1344
<u>3</u>	\$ <u>[1665]</u> 1692
<u>4</u>	\$ <u>[2007]</u> 2040
<u>5</u>	\$ <u>[2348]</u> 2388
<u>6</u>	\$ <u>[2689]</u> 2736

Note: The optional 185% coverage was implemented on 7/1/91.

Note: NJ had a legislative impediment to implementation of 133% coverage of pregnant women and children. That expansion was subsequently implemented effective April 1, 1991.

03-04-MA(NJ)

Supersedes 02-04

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

OFFICIAL

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOME RELATED TO FEDERAL POVERTY LEVELS

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902 (a) (1) (A) (ii) (IX) and 1902 (I) (2) of the Act are as follows:

Based on 185% percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent)

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ <u>[1366]</u> 1385
<u>2</u>	\$ <u>[1841]</u> 1869
<u>3</u>	\$ <u>[2316]</u> 2353
<u>4</u>	\$ <u>[2791]</u> 2837
<u>5</u>	\$ <u>[3266]</u> 3321
<u>6</u>	\$ <u>[3741]</u> 3805

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

INCOME ELIGIBILITY LEVELS (Continued)

OFFICIAL

3. Aged, Blind and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902 (m) (4) of the Act are as follows:

Based on 100 percent of the official Federal income poverty line.

Family Size

1
2

Income Level

\$ [739] 749
\$ [995] 1010

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DIVISION OF HEALTH CARE

MAR 31 PM 2:34

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03-04-MA(NJ)

Supersedes 02-04

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

INCOME ELIGIBILITY LEVELS

OFFICIAL

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

<u>Family Size</u>	<u>Need Standard</u>	<u>Payment Standard</u>	<u>Maximum Payment Amounts</u>
1	\$410	\$185	\$162
2	819	369	322
3	985	443	424
4	1,127	507	488
5	1,260	567	552
6	1,386	624	616
7	1,505	677	677
8	1,617	728	728

Add \$112.00 for each person Add \$50.00 for each additional person Add \$50.00 for each person

2. Pregnant Women and Infants under Section 1902(a)(10)(i) (IV) of the Act:

Effective April 1, 1990, based on the following percent of the official Federal income poverty level.

☒ 133 percent

☐ _____ percent (no more than 185 percent (specify))

Family Size

1
2
3
4
5
6

Income Level

\$ 982
\$ 1324
\$ 1665
\$ 2007
\$ 2348
\$ 2689

Note: The optional 185% coverage was implemented on 7/1/91.

Note: NJ had a legislative impediment to implementation of 133% coverage of pregnant women and children. That expansion was subsequently implemented effective April 1, 1991.

02-04-MA(NJ)

Supersedes 01-08

TN 02-04 Approval Date MAY 13 2002

Supersedes TN 01-08 Effective Date JAN 01 2002

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

INCOME ELIGIBILITY LEVELS (Continued)

OFFICIAL

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOME RELATED TO
FEDERAL POVERTY LEVELS

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902 (a) (1) (A) (ii) (IX) and 1902 (l) (2) of the Act are as follows:

Based on 185% percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent)

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ <u>1366</u>
<u>2</u>	\$ <u>1841</u>
<u>3</u>	\$ <u>2316</u>
<u>4</u>	\$ <u>2791</u>
<u>5</u>	\$ <u>3266</u>
<u>6</u>	\$ <u>3741</u>

TN 02-04 Approval Date MAY 13 2002

Supersedes TN 01-08 Effective Date JAN 01 2002

02-04-MA(NJ)

Supersedes 01-08

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

OFFICIAL

State: New Jersey

INCOME ELIGIBILITY LEVELS (Continued)

3. Aged, Blind and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902 (m) (4) of the Act are as follows:

Based on 100 percent of the official Federal income poverty line.

Family Size

1
2

Income Level

\$ 739
\$ 995

Supersedes 01-08

TN 02-04 Approval Date MAY 13 2002
Supersedes TN 01-08 Effective Date JAN 01 2002

02-04-MA(NJ)